

CAL-CARD NUMBER:			CAL-CARD MONTHLY PURCHASE RECORD							
CARDHOLDER NAME: (PRINTED)										
TRANS #	DATE	VENDOR'S RECEIPT REFERENCE NUMBER	DESCRIPTION OF PURCHASE AND JUSTIFICATION	VENDOR INFORMATION				TOTAL OF PURCHASE (INCL TAX)		
				VENDOR NAME:						
				SMALL BUSINESS:	ETHNIC CODE	W	DV		RECYCLED PRODUCT	VENDOR DATA RECORD
				<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				DRUG FREE WORKPLACE CERTIFICATE:						
				TAX ID #:		EXPIRATION DATE:				
				VENDOR NAME:						
				SMALL BUSINESS:	ETHNIC CODE	W	DV		RECYCLED PRODUCT	VENDOR DATA RECORD
				<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				DRUG FREE WORKPLACE CERTIFICATE:						
				TAX ID #:		EXPIRATION DATE:				
				VENDOR NAME:						
				SMALL BUSINESS:	ETHNIC CODE	W	DV		RECYCLED PRODUCT	VENDOR DATA RECORD
				<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				DRUG FREE WORKPLACE CERTIFICATE:						
				TAX ID #:		EXPIRATION DATE:				
				VENDOR NAME:						
				SMALL BUSINESS:	ETHNIC CODE	W	DV		RECYCLED PRODUCT	VENDOR DATA RECORD
				<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				DRUG FREE WORKPLACE CERTIFICATE:						
				TAX ID #:		EXPIRATION DATE:				
				VENDOR NAME:						
				SMALL BUSINESS:	ETHNIC CODE	W	DV		RECYCLED PRODUCT	VENDOR DATA RECORD
				<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				DRUG FREE WORKPLACE CERTIFICATE:						
				TAX ID #:		EXPIRATION DATE:				
DATE:		MISCELLANEOUS TRANSACTIONS (Annual Fees, Late Fee, Credits, Debits, Etc.):								
CARD HOLDER SIGNATURE:			APPROVING OFFICIAL SIGNATURE:					TOTAL FOR MONTH: (ON LAST PAGE ONLY)		